MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41546

1. PLACE OF DEATH

County _Menos_ Registration District No. _547_ File No. ____

Township _Mason_ Primary Registration District No. _3029_ Registered No. _328_

City _Hannibal_ (No. _1312_, _Mark Twain Ave_ St. _1_ Ward)

2. FULL NAME _Virgil Lee Greer_

(a) Residence, No. _1312 Mark Twain Ave 1_ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _7_ yrs. ___ mos. ___ ds. How long in U.S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Male_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Emma Randall Greer_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct. 26- 1905_

7. AGE YEARS _26_ MONTHS _1_ DAYS _21_ If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Shoe Worker_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _International Shoe Co._

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation _6 yrs._

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Elmo Mo._

13. NAME _Virgil Greer_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Middle Co. Tenn._

15. MAIDEN NAME _Mary Malinda Downing_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Marshall Co. Kentucky_

17. INFORMANT (ADDRESS) _Emma Greer Hannibal Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Mt. Olivet Cemetery_ DATE _Dec. 19- 1931_

19. UNDERTAKER (ADDRESS) _Ray J. Schwartz Hannibal Mo._

20. FILED _12/19 31_ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec. 17- 1931_

22. I HEREBY CERTIFY, That I attended deceased from _June_, 1931, to _Dec 17_, 1931.

I last saw h___ alive on _Dec - 14_, 1931. Death is said to have occurred on the date stated above, at _2 P._ m.

The principal cause of death and related causes of importance were as follows: Date of onset

Pulmonary Tuberculosis

23A

23

Other contributory causes of importance: ____

Name of operation _none_ Date of ____

What test confirmed diagnosis? _Sputum & pleural_ Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _no_ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) _E. M. Luck_, M.D.

(Address) _Hannibal, Mo._